BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI								G4/186-810					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI TYP	L ENTITY	OR	OTHER SMALL		
FOR		NUMBE	R FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASI	CFEE					. 27			395.00	OR		790.00	
TOTA	L CLAIMS	2	7 minus	20 =	· 7			x\$11=	=	OR	x\$22=	15:4	
INDE	PENDENT CLA	IMS 2	minu	ıs 3 =	*			x41=		OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	=	OR	+270=		
* If the difference in column 1 is less than zero, enter *0* in column 2						L	TOTAL	-	OR	TOTAL	444		
(, 	(Column 1)	AS AMENDED - PA		RT II Column 2) (Column 3)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• ,3	Minus	** /	27	=		x\$11 _₹	:	OR	x\$22=		
ME	Independent	* /	Minus	***	2	=		x41=		OR	x82=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	(Column 1) (Column 2) (Column 3)							TOT/ DDIT. FE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HI NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	·· c	27	=		x\$11=	=	OR	x\$22=		
	Independent	• 2	Minus	***	3	=		x41=	:	OR	x82=	-	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135:	=	OR	+270=		
(Column 1) (Column 2) (Column 3)								TOTA DDIT. FE		OR	TOTAL ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		PRE	GHEST UMBER VIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Δ	Total	•	Minus	**		=		x\$11:	=	OR	x\$22=		
AMENDMENT	Independent	*	Minus	•••		=]	x41=	:	OR	x82=		
$L^{\!$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								=	OR	+270=		
***!!	the "Highest Nui the "Highest Nui	mn 1 is less than the mber Previously Pa mber Previously Pa	iid For IN THI iid For IN THI	S SPAC S SPAC	E is less than E is less than	20, enter "20." 3, enter "3."		TOT.	E		TOTAL ADDIT. FEE		
I n	ne "Highest Num	ber Previously Pai	d For (Total o	r Indepe	ndent) is the	highest number f	ound i	in the ap	propriate box in	column	1.		

FORM PTO-875 (Rev. 8/97)

*U.S. Government Printing Office: 1997 - 430-571/69194

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